

**TRANSMITTAL  
FORM**

Application Number 09/705,247  
Filing Date November 2, 2000  
First Named Inventor Koji Hayashi  
Art Unit 2839  
Examiner Name Chandrika PRASAD  
Attorney Docket Number 200380-0290

Total Number of Pages in This Submission

1

**ENCLOSURES (check all that apply)**

- ☒ Amendment/Reply  
☒ Before Final  
☐ After Final  
☐ Affidavits/Declarations  
☐ Information Disclosure Statement  
☐ PTO-1449 Form(s)  
☐ Cited References  
☐ Certified Copy of Priority Document  
☐ Response to Missing Parts/Incomplete Application  
☐ Terminal Disclaimer  
☐ Status Letter

**PETITION FOR EXTENSION OF TIME**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.  
☒ Applicant(s) petitions for a two-month extension of time and pay the fee of \$110.00 (37 CFR 1.17(a)(1)-(5)).  
☐ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

**CLAIMS FEES**

- ☐ No additional claim fee is required.

## Small Entity

## Large Entity

	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	12	-	12	=0	x 9=	\$	x 18=	\$--
Independent	1	-	1	=0	x 43=	\$	x 86=	\$--
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290=	\$--

**ENCLOSED FEES**

- ☐ Additional Claim Fee \$  
☒ Extension fee for three-month \$950.00  
☐ Information Disclosure Statement \$180.00  
☐ Surcharge for Missing Parts - Declaration \$130.00  
☐ Terminal Disclaimer \$110.00

TOTAL FEES ENCLOSED \$950.00

**PAYMENT OF FEES**

- ☒ A check in the amount of \$950.00 is enclosed.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.  
☐ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$

**SIGNATURE OF ATTORNEY**

Perry J. Hoffman, Reg. No. 37,150  
MICHAEL BEST & FRIEDRICH, LLC  
401 North Michigan Avenue  
Suite 1900  
Chicago, Illinois 60611  
Telephone: (312) 222-0800  
Facsimile: (312) 222-0818

Signature

Date:

11-19-03

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name

Carolyn Hothersall

Signature

Carolyn Hothersall

Date: 11-19-03



IN THE  
UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No. : 09/705,247  
Confirmation No. : 4465  
Applicant : Koji Hayashi, et al.

Filed : November 2, 2000  
Title : FLEXIBLE TRANSMISSION  
LINK HAVING INTEGRAL  
CONNECTORS

Art Unit : 2839  
Examiner : Chandrika PRASAD

Docket No. : 200380-0290

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I, Carolyn Hothersall, hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

*Carolyn Hothersall*  
Signature

11-19-03  
Date of Signature

**AMENDMENT**

In response to the Office Action dated May 21, 2003, please amend the above-identified application as follows:

**Amendments to the Title** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 6 of this paper.



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**In The Title:**

FLEXIBLE TRANSMISSION LINK HAVING INTEGRAL CONNECTORS